

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-024900

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 164 Primary Registration District No. 3032 Registrar's No. 101

STATE FILE NUMBER

VS 300  
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Johnson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Johnson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrensburg</b>		c. CITY OR TOWN <b>Warrensburg</b>	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Warrensburg Medical Center, Inc.</b>		d. STREET ADDRESS (If outside, give location) <b>Warrensburg, Mo.</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Tammy</b> Middle <b>M.</b> Last <b>Smith</b>		4. DATE OF DEATH Month <b>June</b> Day <b>22</b> Year <b>1963</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>6/21/63</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>--</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>--</b>	
11a. FATHER'S NAME <b>Donald Smith</b>		11b. MOTHER'S MAIDEN NAME <b>Joan Cole Smith</b>	
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>--</b>		13. SOCIAL SECURITY NO. <b>--</b>	
14. INFORMANT <b>Donald Smith, Warrensburg, Mo.</b>		Address <b>Warrensburg, Mo.</b>	
15. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Infant Premature 1 lb 12 oz</b>		INTERVAL BETWEEN ONSET AND DEATH <b>36 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>--</b> DUE TO (c) <b>--</b>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
16. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	17. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	18. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
19. TIME OF INJURY Hour <b>--</b> a.m. <b>--</b> p.m. <b>--</b>	20. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>	
22. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	23. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	24. CITY, TOWN, OR LOCATION <b>Warrensburg, Missouri</b>	
25. I attended the deceased from <b>6/21/63</b> to <b>6/22/63</b> and last saw her alive on <b>6/22/63</b>		26. Death occurred at <b>9:15 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.	
27. SIGNATURE <b>D. S. Johnson</b> (Degree or title)		28. ADDRESS <b>Warrensburg, Missouri</b>	
29. DATE SIGNED <b>6/24/63</b>		30. DATE SIGNED <b>6/24/63</b>	
31. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	32. DATE <b>6/24/1963</b>	33. NAME OF CEMETERY OR CREMATORY <b>Sunset Hill Cemetery</b>	34. LOCATION (City, town, or county) (State) <b>Warrensburg, Missouri</b>
35. FUNERAL DIRECTOR <b>Sweeney-Phillips, Warrensburg, Mo.</b>		36. DATE RECD. BY LOCAL REG. <b>June 24, 1963</b>	
37. REGISTRAR'S SIGNATURE <b>Savannah Crutcherfield</b>		38. REGISTRAR'S SIGNATURE <b>Savannah Crutcherfield</b>	

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>Not</sup> embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Warrensburg, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.